

Customer Service Division
Office locations - 7447 E. Indian School Road, Suite 110
Scottsdale, Az. 85251-4468
or
9379 E. San Salvador Dr, Suite 100
Scottsdale, Az. 85258
Mailing Address - 3939 N. Drinkwater Blvd.
Scottsdale, AZ 85251-4468
Telephone - (480) 312-2400



ADULT SERVICE PROVIDER APPLICATION

PC-2001

Permit Number _____

Fee _____

Sexually Oriented Business Ord.
(date & initial)

General Provisions Ord.
(date & initial)

1. Legal Name: Last _____ First _____ Middle _____
Other name(s), aliases or stage names used in preceding 5 yrs. by which applicant has been known (including prior married name(s)) _____

2. Present Residential Address: _____
City _____ State _____ Zip _____

3. Home Phone: _____ Date of Birth: _____

4. List below any license or permit relating to a sexually oriented business or adult service:

Issuing Jurisdiction	Effective Dates	Suspended or revoked		If Yes, Reason
		Yes	No	

5. Have you had any criminal charges, complaints or indictments in the past three years which resulted in a conviction or a plea of guilty or no contest for organized crime or fraud or a prostitution, drug, or sexual offense? ☐ Yes ☐ No

Offense	Where Offense Occurred	Date of Offense	Court(s) Entered Into

6. Additional Information Required:

Written proof of age, in the form of a birth certificate, current driver's license with picture, or other picture identification document issued by a governmental agency.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA. **SIGNATURE MUST BE NOTARIZED**

DATE: _____ APPLICANT'S SIGNATURE: _____